

## WELLNESS RECOVERY ACTION PLAN (WRAP) & EMPLOYMENT

**DATE & TIME:** October 6, 2015

**9:00 AM - 4:00 PM**

*All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.*

**PLACE:** Martin Luther King Hospital – Hudson Auditorium  
12021 S. Wilmington Ave.  
Los Angeles, CA 90059

**PARKING:** Park in Lot G (free parking)

The purpose of this training is to teach participants the basic components of WRAP and its application to employment. The presenter will address the following: explain the basic components of WRAP, how to utilize WRAP to facilitate the creation of employment goals, and identify ways to assist consumers seek and retain employment. The training requires participants to write their own employment WRAP for the purpose of integrating and applying training knowledge.

**TARGET AUDIENCE:** DMH Employees and Contractors

**OBJECTIVES:** As a result of attending this training, participants should be able to:

1. Identify the components of WRAP.
2. Discuss how WRAP can be applied to employment goals
3. Identify methods to assist consumers seek and retain employment.
4. Identify ways to support consumers in setting employment and education goals.
5. Discuss how cultural views may impact an individual completing an employment WRAP.
6. Formulate your personal WRAP related to employment

**CONDUCTED BY:** Lidia Gamulin, LCSW Private Trainer

**COORDINATED BY:** Janice Friend, Training Coordinator  
Email: [jfriend@dmh.lacounty.gov](mailto:jfriend@dmh.lacounty.gov)

**DEADLINE:** When maximum capacity is reached

**CONTINUING EDUCATION:** NONE

**COST** NONE

DMH Employees register at:  
<http://learningnet.lacounty.gov>

Contract Providers complete  
attached training application

☐ Cultural Competency ☐ Pre-licensure ☐ Law and Ethics ☐ Clinical Supervision ☒ General



**County of Los Angeles Department of Mental Health**  
**NON-DMH STAFF TRAINING APPLICATION FORM**  
**Please Print or Type**



**Instructions**

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

*This form is not to be used for LPS Designation Training. The LPS Application is available at [lacdmh.lacounty.gov/training&workforce.html](http://lacdmh.lacounty.gov/training&workforce.html).*

Training Title  
(as in DMH bulletin)

Date(s)

Training  
Coordinator

County Employee Number  
(non-county employees supply the last four digits of the SSN)

Name

Program, Service or  
Agency

Job Title

Address

City

Zip Code

Telephone

Email

**License or Credential Number(s)** (complete as many as applicable)

CAADAC

LCSW

LPT

LVN

MD

MFT

Psychologist

RN

Supervisor's Approval (Applications will not be processed if not signed by supervisor)

For processing, please return Application to:

Print Supervisor Name

**Fax:**

**Phone:**

**Email:**

(When faxing, there is no need to use a cover sheet)

Supervisor's Signature